




CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Motor Vehicles	
POSITION Director		CB/ID NUMBER	DIVISION OR BUREAU Executive			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 2415 First Avenue			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY Sacramento		STATE CA	ZIP CODE 95818

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
28	1104 1151	Sacramento						SC	5.25				5.25	
6	1500	Oakland	140.00		18.00								158.00	
7	1100													
(10)	SUBTOTALS		140.00		18.00				5.25				163.25	

COLUWIN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$ 163.25

<p>(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)</p> <p>Participated in a Donate Life press event at the State Capitol. A rally was held with legislators who have been personally touched by organ and tissue donation and transplantation to proclaim April DMV/Donate Life month. Intended to meet with departmental staff to acknowledge employees who were commended by our customers for providing exceptional customer service. Also, meet with other DMV field office staff to discuss current issues impacting the department. The meetings were cancelled due to illness.</p>		<p>(12) NORMAL WORK HOURS</p>	
		<p>(13) PRIVATE VEHICLE LICENSE NUMBER</p>	
		<p>(14) MILEAGE RATE CLAIMED</p>	
		<p>AGENCY ACCOUNTING OFFICE USE ONLY</p>	
		<p>PAID BY REVOLVING FUND CHECK NUMBER</p>	
<p>(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.</p>			
<p>CLAIMANT'S SIGNATURE</p> <p></p>	<p>DATE</p>	<p>(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT</p> <p></p>	<p>DATE</p>
<p>(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)</p> <p></p>			<p>DATE</p>